

Guidelines for OVHA Coverage

Item: Pelvic Traction Device

Definition: Traction devices use a traction force to separate two body parts and to put a stretch on the tissues connecting those two parts. The purpose is to correct a malalignment, reduce compressive forces on underlying nerve tissue, reduce a bulging disc, and/or stretch connective tissue. A pelvic traction device applies traction to the low back area.

Guidelines: The purchase of this type of device for a beneficiary may be appropriate when the following conditions are met:

- The beneficiary has a medical condition requiring traction AND
- The beneficiary has used a traction unit under the supervision of a physician or physical therapist, and it has been determined to be beneficial based on objective, measurable parameters AND
- The use of the device is part of a comprehensive program that includes education in body mechanics, postural alignment, and self-management of the underlying condition including pain management and an exercise program AND
- The device is prescribed by a knowledgeable practitioner who is active with the Vermont Medicaid program.

Home pelvic traction units are usually suspended over the footboard of a bed, and the beneficiary uses the device in a supine position either with the legs straight or the hips and knees flexed to a 90 degree angle. These are the least expensive type of unit. Beneficiaries may qualify for freestanding pelvic traction units if they meet the following conditions:

- The beneficiary meets all the above guidelines for a pelvic traction unit AND
- The beneficiary has a documented medical condition that impedes the use of supine pelvic traction that is suspended from a bed footboard OR
- The beneficiary has failed a trial of the type of supine pelvic traction over a bed footboard, but has objective, measurable changes using a freestanding traction device.

Applicable Codes:

E0890 Traction frame, attached to footboard, pelvic traction.

E0900 Traction stand, freestanding, pelvic traction.

Cautions: Traction can cause or exacerbate back pain if improperly set up, or if there is underlying pathology. Some individuals, particularly the deconditioned or those with arthritic fingers, have difficulty hanging the weighted bag that creates the traction counterbalance. A physician or physical therapist should provide instruction in the use of the device, assess the set-up for proper alignment, and assess the effectiveness of the device using objective, measurable parameters.

The evidence for pelvic traction when used without other treatments is inconclusive at best. The basic science evidence for traction having a mechanical effect are better. Therefore, pelvic

traction will be covered, but only as part of a comprehensive treatment program as described in the guidelines above. Without evidence of a comprehensive program, pelvic traction will not be covered.

Examples of Diagnosis: Bulging lumbar disc, lumbopelvic misalignment, tightness and spasming of the lumbopelvic musculature/connective tissue, lumbosacral radiculopathy.

Required Documentation:

- Current, complete Certificate of Medical Necessity AND
- Supporting documentation demonstrating that the beneficiary has a medical condition requiring traction AND the beneficiary has used a traction unit under the supervision of a physician or physical therapist, and it has been determined to be beneficial based on objective, measurable parameters AND the use of the device is part of a comprehensive program that includes education in body mechanics, postural alignment, and self-management of the underlying condition including pain management and an exercise program.

For traction units with frames or which are freestanding, there must also be supporting documentation demonstrating that:

- Standard supine pelvic traction has not been effective for the beneficiary or is medically contraindicated, AND demonstrating through objective, measurable parameters that the freestanding or frame types have been successfully trialed.

References:

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